

NH MEDICAL CONTROL BOARD

**Richard M. Flynn Fire Academy
222 Sheep Davis Road
Concord, NH**

MINUTES OF MEETING

May 19, 2005

Members Present: Tom D'Aprix, MD; Jim Martin, MD; Douglas McVicar, MD; Joseph Sabato, MD; Sue Prentiss, Bureau Chief; John Sutton, MD; Norman Yanofsky, MD

Members Absent: Donavon Albertson, MD; Chris Fore, MD; Frank Hubbell, MD; Jeff Johnson, MD; Patrick Lanzetta, MD; Joseph Mastromarino, MD; William Siegart, DO

Guests: Chuck Hemeon, Francine Dupuis, Dave Dubey, Jonathan Dubey, Janet Houston, Stephanie Dornsife, Doug Martin, Steven Erickson, Jeanne Erickson, Jeff Stone, Fred Heinrich

Bureau Staff: Vicki Blanchard, ALS Coordinator; Clay Odell, Fred von Recklinghausen, Research Coordinator.

I. CALL TO ORDER

Item 1. The meeting of the NH Medical Control Board (MCB) was called to order by McVicar on May 19, 2005 - 09:00 at the Richard M. Flynn Fire Academy in Concord, NH.

II. ACCEPTANCE OF MINUTES

Item 1. **March 17, 2005 Minutes:** Minutes have already been approved electronically via the new procedure.

Item 2. Blanchard outlined the new approval process for MCB Minutes:

Thursday: Medical Control Board meets.

Friday: Vicki will type a draft and email to McVicar.

Sat/Sun: McVicar will review and distribute electronically for committee approval over the weekend.

Monday: Committee to send changes to Vicki by 5PM. Minor changes will be made and minutes will be considered "approved" at 5PM. Should there be major or potentially controversial changes, please indicate in your return email to Vicki and the whole committee will be informed for further review.

Tuesday: Vicki will update changes and forward to David Dow for web posting.

Wednesday: Minutes will be posted to the web.

III. DISCUSSION AND ACTION PROJECTS

Item 1. Protocols: The protocol subcommittee met on May 17, 2005 and made corrections to the protocols in response to many suggestions from providers. Blanchard presented "Summary from the Protocol Subcommittee" and discussed the major changes. (see attached)

Discussion ensued as to how the changes should be promulgated. It was agreed the most current version with the cumulative errata page (showing all changes made including those from the March and the May MCB meetings) would be available on the EMS website. In addition the errata page, along with a document containing the actual pages that were changed will be made available via email.

D'Aprix moved "to accept the changes as presented in the "Summary from the Protocol Subcommittee'." John Sutton 2nd.

Vote: unanimously passed.

Item 2. Prerequisites: Blanchard presented a framework for the development of prerequisites as defined in HB 257. (see attached)

Discussion followed. Members expressed concerns regarding recommendations from Medical Directors, standardization and education versus experience; and state involvement versus local hospital involvement. Some members felt that criteria based on various parameters representing experience (such as calls per year, or years of service at a licensure level) could be irrelevant, and that Performance Improvement processes might serve the need better.

Many important issues were raised which could not be fully discussed in the time available. Therefore McVicar moved the following:

- "1. The Medical Control Board delegate the protocol subcommittee to bring back a more specific proposal to the July 2005 MCB meeting;
2. The ALS Coordinator set up this meeting within the next four weeks.
3. The ALS Coordinator send out notification of the meeting date, place and time, to the Medical Control Board, the Protocol Subcommittee, and any others expressing interest, so that all have the opportunity to attend and participate.
4. The ALS Coordinator send out a draft of the proposal for review following the subcommittee meeting."

Sabato 2nd.

Prentiss stressed the importance of the completion of this procedure by mid-August. This is necessary in view of the duration of the full rulemaking process which we may possibly face, depending on the fate of HB257 in the legislature.

Vote: Unanimously approved

Item 3. Long Range Planning: J. Martin expressed concern with protocol testing. He has been experiencing much grief and resistance, as the new protocols have been rolled out, and the perception that we are already under statewide implementation of the protocols. Additionally, he expressed concern with the difficulty of planning and directing when the future impact of HB257 is not yet determined.

Prentiss commented that more discussion on HB 257 would be forthcoming later in the meeting.

There was discussion of the validity and desirability of protocols testing, members stated opinions both pros and cons. There is considerable variation in attitude towards protocols testing on the part of providers, and also some confusion about what agency, if any, should create and administer the tests.

Finally, Chief Prentiss stated that although it was not defined at this time, a process for protocol testing would need to be investigated. The final choice should be a process that is neither complicated nor expensive.

Item 4: King Laryngeal Tube Supraglottic Blind Insertion Airway Device (KLT): D. Martin presented the KLT supraglottic airway device. This blind insertion airway device is designed to be simpler than the combitube. The device has only a single tube and a single inflation port.

Members and guests felt there were positive aspects of the device compared to the combitube now in use, such as the simpler design of the KLT, potentially easier training, and decreased per unit cost.

Yanofsky moved, "to approved the use of the King LT Supraglottic Airway."
D'Aprix 2nd.

Vote: Unanimously approved

A member asked under what circumstances the many new devices touted by vendors need to be brought before the MCB for approval. There is no statute or regulation defining this. If a new protocol or change in protocol is required for the use of the device, then it always must come before the MCB. Otherwise the MCB has no legal authority to approve or ban devices. However, if hospital medical directors or EMS unit administrators would feel more comfortable having a new device discussed by the MCB before deciding whether to purchase or recommend it, the MCB is available for that service.

Item 5: Granisetron HCL (Kytril): Jeff Stone, Concord Fire Department Paramedic, reported to the board that when he presented the 2005 Approved Medication List to Concord FD's Medical Resource Hospital pharmacy, they were told that the hospital does not stock or use Ondansetron (Zofran), but that they could have "Kytril," a very similar medication. Stone asked the Board if they would consider changing to medication class specification approval instead of individual drug approval, the procedure now utilized.

Yanofsky noted that at Dartmouth-Hitchcock Medical Center, they used a third medication in the same class, dolasetron (Anzemet).

McVicar pointed out that we had two issues for discussion:

1. Adding granisetron and dolasetron to the approved medication list, and
2. Approval of drugs by classes rather than individually, which is an issue for long range planning and for discussion with the NH Board of Pharmacy.

On the first issue, approval of granisetron and dolasetron, the board seemed to be generally in favor of approving the medication and adding it to the drug list as soon as possible, rather than waiting for the next edition of the protocols

Yanofsky moved, "to approve dolasetron and granisetron, and to meet with the Board of Pharmacy to discuss approving certain medications by classes, rather than as individual agents." D'Aprix 2nd.

Vote: Unanimously approved.

Item 6: HB 257: McVicar began by giving an overview of the evolution of HB 257. The original intent of the bill was to eliminate local option, protect quality management programs, develop collaboration between heads of services and the hospitals, define prerequisites, and create a "technical fast track" by which protocols could have the force of rule, yet remain flexible and reactive enough to serve as a highly useful "living document" in the rapidly changing environment of modern medical technology.

The original bill was amended by the House to require EMS protocols to be approved through the standard rulemaking process as laid out in RSA 541-A. That amended bill is now being considered by the Health & Human Services Committee of the Senate.

McVicar presented the implications of a full 541-A rule making process. The entire one hundred page book of protocols would need to be entirely reformatted before it could begin the legislative approval process. In the reformatting process it would gain considerable length and lose the user-friendliness we have worked hard to build into it. The time required for the approval process cannot be stated with certainty. It could be somewhat less or somewhat more than one year. Each time the MCB needed to make additions or issue errata, the whole process would need to be started again.

A possible solution that may be politically acceptable, is one worked out by Director Mason and Department of Safety attorney and rules specialist Marta Modigliani. This would require the protocols be adopted as rule under RSA 541-A, but would create an exception from just a single subsection of that act, 541-A:12:III, in order to allow the protocols to be adopted by reference.

McVicar noted that this process would be very close to the recommendation of the Commissioner's Ad Hoc Committee

The MCB discussed the ramifications of passage of HB257 as it is currently amended, and the difficulties it would raise in the protocol development process.

There was much concern about timeliness, frustration of the part of providers, action on critical new information, corrections, and biennial updates. D'Aprix stated the result would be crippling for the protocols process.

Members asked about the process of adoption of rules by reference, as suggested by Mason and Modigliani. After discussion there was agreement that the additional amendment allowing adoption of protocols by reference would allow the board to do its job in a timely fashion.

Yanofsky moved that "The Medical Control Board supports HB257 with an amendment allowing adoption of protocols by reference. However, if the protocols must be adopted as rule and not by reference, the Medical Control Board finds the process highly detrimental to the administration of the protocols, and therefore would be opposed to HB257." Sutton 2nd.

Vote: Yes - 5, No – 0, Abstain – 1. Motion Passed.

Director Mason arrived at the end of the above discussion. He addressed the group on the status of HB257 as it stands today. He stated the amended wording allowing adoption of protocols by reference would be voted on soon -- probably today. Mason felt there was support among the Senators for this amendment and was hopeful that it would be adopted by the committee. Next the bill will be voted on by the full Senate. If the form of the bill passed by the Senate is different from the form passed by the House, it will go to a committee of conference. At any point if the bill is heading for defeat, Mason hopes we can salvage it by sending it for study over the summer or retaining it in committee until fall.

IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

Item 1. ACEP: Sabato reported the ACEP EMS committee would be meeting this week. Additionally, an educational meeting is scheduled for September.

Sabato suggested that the Medical Control Board schedule a meeting with ACEP for the fall.

Item 2: Bureau and Division Updates: Prentiss referred to the Bureau Report (see attached).

Prentiss reported the recent death of past Bureau Chief, Marcia Houck. McVicar commented that Marcia had led the Bureau of EMS through some of its most difficult moments, but she refused to complain and she always led by quiet determination.

The committee remembered Houck in a moment of silence.

Prentiss reported that the Governor signed the EMS Week 2005 Proclamation yesterday. It was an exciting morning with representation present from volunteers, career, fire-based, private, third service, hospital-based, transporting and non-transporting services.

Prentiss reminded all the Rural Health Grant was funding EMS management programs. Response has been great and asked all to continue to promote attendance from local departments/units.

Item 3: Intersections Project: Sabato reported the 3rd Safe Driving Summit is scheduled for September 15, 2005

NH is one of just a few states without a multidisciplinary advisory group on the impaired and aging driver. Now such a group is being formed. Those who may be interested are urged to get involved in the process.

Item 4: NH Bureau of Emergency Communication: No report.

Item 5: NH Trauma System: Sutton reported the committee would be meeting next month to review revisions of the existing trauma plan with more attention to the pediatric component.

Additionally, hospital designation continues with criteria being considered for subspecialties not available. The most important instance is Neurosurgery.

Item 6: TEMSIS: Von Recklinghausen presented the implementation process to be expected for TEMSIS. His discussion included: designation of levels of access to data in the system, the Train-the-Trainer educational programs scheduled for next week, hardware grants, and implementation dates.

Prentiss reminded all to continue to get the word out about TEMSIS. Although we have been talking about it for a couple of years now, there are still providers who have not heard of it.

V. ADJOURNMENT

Motion was made by Sutton and seconded by Yanofsky to adjourn. Unanimous agreement; adjourned at 12:05 PM.

VI. NEXT MEETING

July 21, 2005 09:00AM - at the Dartmouth Hitchcock Medical Center, Emergency Department Conference Room.

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by Vicki Blanchard)